

CLAIMS ONLY						Application Number <b>10627059</b>	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	I					51		
2		I				52		
3			I			53		
4				I		54		
5					I	55		
6						56		
7	I					57		
8		I				58		
9			I			59		
10				I		60		
11					I	61		
12						62		
13		I				63		
14						64		
15						65		
16						66		
17						67		
18						68		
19						69		
20						70		
21						71		
22						72		
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25						75		
26						76		
27						77		
28						78		
29						79		
30						80		
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38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep	2					Total Indep		
Total Depend	11					Total Depend		
Total Claims	13					Total Claims		